



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF COSMETOLOGY AND BARBERING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR REGISTRATION OF PRIVATE SCHOOL INSTRUCTION SHEET

When to File an Application

File this application when:

- you are opening a **new** private school that will offer a program on any discipline regulated by the Board of Cosmetology and Barbering
- the **ownership** of an existing licensed school is changing *whether or not the school's name is changing*
- an existing licensed school is **moving** to another location.

Before filing this application...

- Obtain a certificate of approval from the Delaware Department of Education. To apply, see [Private Business and Trade Schools](#) on the Department of Education's website.
- Obtain a business license from the Division of Revenue for the school. To apply, visit www.revenue.delaware.gov or call the office for your area:

Wilmington (302) 577-5800 Georgetown (302) 856-5358 Dover (302) 739-5251

- You may be required to obtain a town/city business license for a school operating in its jurisdiction. Contact the town or city for more information.

Requirements for All Applications

- ☐ Submit completed, signed and notarized [Application for Registration of Private School](#).
- ☐ Enclose [processing fee](#) by check or money order made payable to "State of Delaware." See Fee Schedule at dpr.delaware.gov - click on Cosmetology and then on Fee Schedule.
 - Applications received without the required fee will be rejected.
- ☐ Enclose detailed floor plan on 8 ½" x 11" paper or blueprints.
- ☐ Enclose a list of the equipment to be used and its location within the school.
- ☐ Enclose copy of the school's Delaware [Division of Revenue business license](#). A business license is required *in addition to* the professional license.
- ☐ Enclose copy of business license issued by city of Wilmington, Dover, Rehoboth Beach or any other municipality that requires a town/city business license.
- ☐ Enclose a copy of your Delaware [Department of Education certificate of approval](#).

All persons instructing at the school must hold the appropriate Delaware professional license as an Instructor.

All schools operating in Delaware must comply with the Division of Public Health's *Rules and Regulations* on sanitation. This document is available at www.dpr.delaware.gov. Click on *Cosmetology* and then on [Sanitation Regulations](#).



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APPLICATION FOR REGISTRATION OF PRIVATE SCHOOL

TYPE OF APPLICATION

1. Check the item that describes why you are filing this application (check one):

☐ **New School**— I am opening a new school.

☐ **Ownership Change** – The ownership of an existing licensed school is changing.

- Name of school as it appears on the **current** license: _____
- Professional license number from **current** license: **M6** - _____
- Is the name of the school changing from the name on the current license? Yes ☐ No ☐

If approved, a new license number will be issued.

☐ **Relocation** – An existing licensed school has relocated but the ownership has not changed. The Board must approve this application **before** the new location opens.

- Name of school as it appears on the **current** license: _____
- Professional license number from **current** license: **M6** - _____
- Anticipated date of school opening: _____

If approved, the existing license number will be transferred to the new location.

CONTACT AND LOCATION INFORMATION

2. Business Name: _____
If you are reporting a name change, this is the *new* name.

3. Address of **Physical** Location of School: _____
Street (No PO Boxes) If you are reporting relocation, this is the *new* location.

City DE Zip

4. Phone: _____ Fax: _____ Email: _____

5. **Mailing** Address (if different): _____
Street

City State Zip

OWNERSHIP AND MANAGEMENT INFORMATION

6. Owner Name(s): _____

7. Owner Mailing Address: _____
Street

City State Zip

8. Name of Licensed Professional in Charge of School: _____

9. Delaware Professional License Number of Professional-in-Charge: _____ - _____

10. Professional-in-Charge Address: _____

Street

City

State

Zip

11. Professional-in-Charge Phone: _____ Email: _____

INSTRUCTORS

12. Enter the names and Delaware license numbers of all instructors:

NAME

PROFESSIONAL LICENSE

If you need more room, enclose a separate sheet.

13. Do **all** persons who will provide _____
any type of instruction to students at the school hold a Delaware professional license? Yes ☐ No ☐

LICENSURE, CERTIFICATION AND ACCREDITATION

14. Does the town/city where the school is located require a business license? Yes ☐ No ☐

Submit a copy of the school's Delaware Division of Revenue Business License and business licenses from the city of Wilmington, Dover, Rehoboth Beach or any other municipality that requires a town/city business license.

15. Has the school received official approval of certification from the State of Delaware Department of Education?
Yes ☐ No ☐

Enclose a copy of your certificate of approval from the Delaware Department of Education.

16. Has the school received official certification/accreditation from the U.S. Government? **Yes** ☐ **No** ☐ **If yes, complete the information at right about the accreditations/certifications received:**

TYPE OF ACCREDITATION/CERTIFICATION	DATE RECEIVED

17. If the school has not received accreditation/certification, have you applied for federal accreditation/certification?
Yes ☐ **No** ☐ **If yes, when did you apply:** _____

Submit a detailed floor plan on 8 ½" x 11" paper or blueprints. Also, enclose a list of the equipment to be used and its location within the school.

PROGRAMS

18. Enter the school's hours of operation:

Weekdays	_____	AM to _____	PM
Saturday	_____	AM to _____	PM
Sunday	_____	AM to _____	PM
Holidays	_____	AM to _____	PM

19. Will you offer a part-time program of study? Yes ☐ No ☐ If yes, during what hours? _____

20. List all programs of study that your school will offer: _____

REQUIRED NOTICES TO STUDENTS (Section 11.1 of the Board's [Rules and Regulations](#))

21. Do you understand that, before admitting a prospective student applying for admission, the school must obtain and review the applicant's high school transcript to assure that he or she meets the minimum 10th grade high school education requirement for Delaware licensure (see [24 Del. C. §5107\(a\)\(1\)](#), [24 Del. C. §5134\(b\)](#)) and do you agree to comply with this rule? Yes ☐ No ☐

22. Do you understand that, before admitting a prospective student applying for admission, the school must provide each applicant with a copy of Section 16.0 of the Board's [Rules and Regulations](#), entitled *Crimes Substantially Related to the Practice of Cosmetology, Barbering, Electrology and Nail Technology*, and to advise the applicant that a criminal history may be a bar to licensure? Yes ☐ No ☐ If yes, continue with the following questions:

Do you agree to comply with this rule? Yes ☐ No ☐

Do you agree to obtain a written acknowledgement from each applicant that he or she has received a copy of Section 16.0 and to maintain the acknowledgment in the applicant's file? Yes ☐ No ☐

The Law and [Rules and Regulations](#) for Cosmetology/Barbering are available at www.dpr.delaware.gov.

The Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, please allow 4-8 weeks to receive your license.

AFFIDAVIT

I certify that the information I give in this application is true to the best of my knowledge and belief and is made for the express purpose of obtaining a license. I am aware that intentionally submitting false information may result in denial of a license and referral to the Attorney General's office for appropriate action.

Applicant Signature: _____ **Date:** _____

State of _____ County or City of _____

_____ being first duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true and that he/she has read and understands this affidavit.

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.